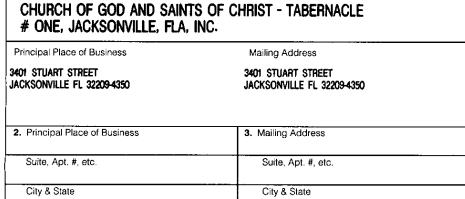
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17654 1. Entity Name CHURCH OF GOD AND SAINTS OF CHRIST - TABERNACLE # ONE, JACKSONVILLE, FLA. INC.

FILED May 10, 2002 8:00 am Secretary of State 05-10-2002 90006 024 ****61.25



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2. Principal Place of Business			3. Mai	3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State C				City & State			4	. FEI Number	NOT APPLIC	CABLE		Applied For Not Applicable	le	
Zip		Country	Zi	р	Cot	intry	5.	. Certificate of	Status Desired		\$8.75 A	Additional		
6. Name and Address of Current Registered Agent						والمعافية المعافق	7 .	Name and Ac	dress of New I	Registere	d Agent	. ريسون	_	
						Name								
EAVES, SAMUEL JOSEPH, SR. 3401 STUART STREET						Street Address (P.O. Box Number is Not Acceptable)								
JACKSONVILLE FL 32209						,								
UNONOCHVIEL I L'OLLOU						City				F	'L Zip C	ode		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.														
SIGNATURE	SIGNATURE													
	Signature, typed	or printed name of registered agent	uired wher	n reinstating)		DATE	•		Ì					
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contrib						~ —	\$5.00 May Be Added to Fees Make Check Payable to Department of State							
10. OFFICERS AND DIRECTORS							ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	T/D			☐ Delete	TITLE						☐ Change		ᆔᇶ	
NAME	EAVES, MARY				NAM	:						_	u /6/	
STREET ADDRESS						T ADDRESS						F037		
CITY-ST-ZIP	JACKSONVILLE FL 32209				CITY	ST-ZIP								
TITLE	ν			☐ Delete	TITLE						☐ Change	e 🔲 Addition	~ }	
NAME	LEGREE, BEVERLY			~ 1	NAM									
STREET ADDRESS 2638 Sunrise Ridge LN						ET ADDRESS	S							
CITY-ST-ZIP Jacksonville. FL 32211						ST-ZIP								
TITLE	D ENGLISH E			☐ Delete	ÎITLE		, ·				☐ Change	e 🔲 Addition	~ ~	
NAME	TURNER, JEWEL E.				NAM									
						ET ADDRESS								
CITY-ST-ZIP	DACKSONY	ILLE PL 32218			4-	ST-ZIP					<u>_</u>		_	
TITLE	EAVES, EVELYN		☐ Delete	TITLE						☐ Change	e 🔲 Addition	n		
NAME STREET ADDRESS	2259 COURTNEY DR.		NAMI	T ADDRESS										
CITY-ST-ZIP	JACKSONVILLE FL 32208				ST-ZIP									
	S/D	ILLL 1 L JZZOO									CT Channel		_	
TITLE	JONES, ABIGAIL E.		TITLE					☐ Change	e 🔲 Addition	' [
	3416 STUART STREET			T ADDRESS										
CITY-ST-ZIP					ST-ZIP									
TITLE				☐ Delete	TITLE						Change	e 🔲 Addition	\exists	
NAME					NAME						onlinge			
STREET ADDRESS				STREET ADDRESS										
CITY-ST-ZIP CITY-ST-ZIP						ST-ZIP								
12. I hereby	certify that the	information supplied with	this filina	does not qualify for	the exer	nption stated in	Section	n 119.07(3)(i). F	lorida Statutes	I further o	ertify that the	information	٦	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 Amile J. EAVES